Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

COVID-19 and racial disparities

To the Editor: Epidemiologic evidence of age- and sex-related differences for COVID-19 suggest that males and older adults with underlying health conditions including hypertension, obesity, chronic lung disease, diabetes, and cardiovascular disease have increased vulnerability to COVID-19.[1] To date, the literature is very limited on data exploring racial disparities.[1]

On April 8, 2020, the Centers for Disease Control and Prevention published surveillance data of laboratory-confirmed COVID-19–associated hospitalizations in 14 US states.[1] Although 18% of individuals in the catchment population were African American, among those with data on race/ethnicity (n = 580), 33.1% were African American, suggesting that African Americans may be disproportionately affected by COVID-19.[1]

These data are consistent with government statistics from cities in the United States showing similar racial disparities. In Chicago, Illinois, African Americans account for only 14.6% of the state's population; however, as of April 9, 2020, 51.5% of COVID-positive patients and 67.3% (n = 132) of those who died were African American.[2] Furthermore, in Michigan, although 33% of patients diagnosed with COVID-19 as of April 9, 2020, were African American, this population makes up only approximately 14.1% of the state population.[3]

Ethnic minority groups may have greater risk of infection due to comorbidities, including hypertension in African American populations.[4] Moreover, African Americans are more likely to live in densely populated neighbourhoods of lower socioeconomic status, which may lead to increased exposure from closer contact between individuals, less equitable health care access, and lower rates of COVID-19 testing. Additionally, the US Bureau of Labour Statistics reported that only 19.7% of African American employees can work from home, compared with 29.9% of white employees.[5] African Americans may be more likely to work in occupations included in the essential workforce, such as transportation and food service. Moreover, on April 8, 2020, Oliver Brooks, the President of the National Medical Association representing African American physicians and their patients in the United States, stated, "Many of these jobs also do not provide healthcare coverage, so we are underinsured or uninsured during a health crisis. When adding the underlying health risk factors of heart disease, diabetes, and asthma, the African American population is at the epicenter of this current health crisis."[4]

To gain a thorough understanding of the epidemiology of COVID-19 and to ensure targeted health education and equitable allocation of health care system resources for more vulnerable populations, studies on the race-specific prevalence of COVID-19 and outcomes are crucial. We call for higher-priority assessment of racial and ethnic disparities in COVID-19, which may reduce morbidity and mortality among African Americans. As Brooks stated, "There is still time, but time is running out."[4]

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Funding sources: None.

Conflicts of interest: None disclosed.

IRB approval status: Not applicable.

Reprints not available from the authors.

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https://doi.org/10.1016/j.jaad.2020.04.046